

# TRANSMITTAL FORM

(To be used for all correspondence  
after initial filing)

Application Number	09/775,925
Filing Date	February 1, 2001
First Named Inventor	Ralf M. Luche
Art Unit	1652
Examiner Name	SAIDHA, Tekchand
Attorney Docket No	200125.420

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> CD(s) Number of CD(s)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final Affidavits/declaration(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> )
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement: Form PTO-1449	<input type="checkbox"/> Declaration	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Cited References	<input type="checkbox"/> Statement under 37 CFR 3 73(b)	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		

RECEIVED

OCT 14 2003

Remarks

TECH CENTER 1600/2900

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Mae Joanne Rosok Reg. No. 46,985	Customer Number 00500
Signature	<i>Mae Joanne Rosok</i>	
Date	October 1, 2003	

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below

Typed or printed name

Signature

Date

# FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision

☒ Applicant claims small entity status See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$) **55.00**

Complete if Known

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## METHOD OF PAYMENT

☒ Payment Enclosed  
☒ Check ☐ Credit card ☐ Money Order ☐ Other

Deposit Account

Deposit  
Account  
Number**19-1090**Deposit  
Account  
Name**Seed Intellectual Property Law Group  
PLLC**

The Director is authorized to (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments☐ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below except for the filing fee☒ Charge any deficiencies

to the above-identified deposit account

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
<b>22</b>	-130** = <b>0</b>		
Independent Claims	<b>5</b>	-23** = <b>0</b>	
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	85	2201	43	Independent claims in excess of 10
1203	180	2203	145	Multiple dependent claim, if not paid
1204	85	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				

\*\* Number of claims in excess of 20 for Reissues, see at 37 CFR 1.201

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity		Small		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	2053	130	Non-English specification	
1812	2520	1812	2520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	55
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1480	2254	740	Extension for reply within fourth month	
1255	2010	2255	1005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1510	2451	1510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1300	2453	655	Petition to revive - unintentional	
1501	1300	2501	655	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1450	130	2450	130	Petitions to the Commissioner	
1807	50	2807	50	Processing fee under 37 CFR 1.17(q)	
1805	180	2805	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1454	110	2454	110	Filing a submission after final rejection 37 CFR 1.119(a)	
1455	110	2455	110	For each additional invention to be examined 37 CFR 1.119(b)	
1456	110	2456	110	Request for continued examination 37 CFR 1.119(c)	
1457	110	2457	110	Request for expedited examination 37 CFR 1.119(d)	

Other fee (specify)

\* Required by Basic Filing Fee Paid

\*\* Required by Basic Filing Fee Paid **\$ 55**